STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	R **07/26/2017**
NAME OF PROVIDER OR SUPPLIER **TAMPA LIVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET** **TAMPA, FL 33612**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A revisit to a 6/8/17 complaint survey, (CCR# 2017002765) was conducted on 7/26/17, in conjunction with a complaint survey, (CCR# 2017005412), at Tampa Living Care, (formerly named Sunrise Senior Village, Assisted Living Facility License #5898). The deficient practice previously cited on 6/8/17 was corrected. No deficient practice was identified specific to the complaint survey.

(License # 5898)